

Case Number:	CM14-0109277		
Date Assigned:	08/01/2014	Date of Injury:	07/17/2011
Decision Date:	01/06/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old woman who sustained a work-related injury on July 17, 2011. The patient subsequently suffered shoulders, elbows, wrists, and ankles pain. According to the progress note dated May 28, 2014 the patient complained of constant moderate, sharp, stabbing bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral ankles pain. Examination of the right shoulder revealed+3 tenderness to palpation of the anterior shoulder. Supraspinatus press was positive. Examination of the right elbow revealed+3 tenderness to palpation of the lateral elbow and olecranon process. Cozen's caused pain. Examination of the right wrist revealed+3 tenderness to palpation of the dorsal wrist and volar wrist. Carpal compression caused pain. Examination of the right knee revealed+3 tenderness to palpation of the anterior knee, lateral knee and medial knee. McMurray's was positive. The patient was diagnosed with bilateral shoulders sprain/strain, bilateral elbows sprain/strain, bilateral wrists sprain/strain, bilateral knees sprain/strain, and bilateral ankles sprain/strain. The provider requested authorization for home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home Health Aide 2 weeks 5 days a week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." (CMS, 2004). The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. In addition the requested time exceeded the maximum time allowed by the guidelines. Therefore the request for home health aide, 5 days a week for 2 weeks is not medically necessary.